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(216) 621-2234

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| | | I Aleni |
|--|--|------------------------------|
| | Attorney Docket No | LM(F)6495 NP |
| Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | | |
| NEW APPLICATION TR | RANSMITTAL | |
| | Bryan L. Dalton Michael A. Heaton | |
| For (title): A SYSTEM FOR ENABLING APPLICATION SOFTWA | ARE OF DATA ACQUISITION D | DEVICES |
| Enclosed are: | | |
| Papers Required for Filing Date Under 37 CFR 1.53(b): | | |
| 22 Pages of specification | | |
| 1 Pages Abstract | | |
| 6 Pages of claims | | |
| 3 Sheets of drawing | | |
| | | |
| ☐ informal | | |
| In addition to the above papers there is also attached: one Information D | visclosure Statement (2 pgs) and | one PTO 1449 Form |
| CERTIFICATION UNDE | ER 37 CFR 1.10 | |
| I hereby certify that this New Application Transmittal and the document United States Postal Service on this date <u>March 25, 2004</u> ir Mailing Label Number <u>ET035755687US</u> addr Alexandria, VA 22313-1450. | ts referred to as enclosed there n an envelope as "Express N ressed to the: Commissioner for | ail Post Office to Addresses |
| | Jill Wolfe (Type or print name of | person mailing paper) |
| | (Signature of person f | Agailing paper) |

| 2. | Declara | eclaration or oath: | | | | | | |
|--------|---|---------------------------------------|---------|--|--|--|--|--|
| | \boxtimes | Enclosed | | | | | | |
| | | Not Enclosed. | | | | | | |
| | | | | | | | | |
| 3. | Langu | rage: | | | | | | |
| | ⊠ | English | | | | | | |
| | | Non-English | | | | | | |
| | | A verified English translation of the | | | | | | |
| | | specification and claims | | | | | | |
| | | ☐ declaration | | | | | | |
| | | is attached. | | | | | | |
| | | is attached. | | | | | | |
| | | | | | | | | |
| 4. | Assig | nment: | | | | | | |
| | An assignment of the invention to Lockheed Martin Corporation | | | | | | | |
| | | is attached. | | | | | | |
| | | will follow | | | | | | |
| | Cartif | ind Comu | | | | | | |
| 5. | Certii | ied Copy: | | | | | | |
| | Certified copy (ies) of application (s) | | | | | | | |
| | | | | | | | | |
| (Coun | try) | (Appin. No.) | (Filed) | | | | | |
| | | | | | | | | |
| (Coun | try) | (Appin. No.) | (Filed) | | | | | |
| | | | | | | | | |
| (Coun | itry) | (Appin. No.) | (Filed) | | | | | |
| • | | to the state of the state of | · | | | | | |
| trom v | | iority is claimed | | | | | | |
| | | is attached | | | | | | |
| | | will follow | | | | | | |

Fee Calculation: (Small entity filing fee is 50% normal fee)

| | | | | CLAIMS AS FILED |) | | |
|--|--|--|--|--|------------|-------------------------------|----------------------------|
| Numbe | r Filed | | | Number Extra | | Rate | Basic Fee \$ 770.00 |
| Total Claims | | 20 | -20 = | | Х | \$ 18.00 | |
| Indeper Claims | | 3 | - 3 = | 1 | X | \$ 86.00 | |
| Multiple | depe | ndent claim(s), if a | any | | | \$290.00 | |
| | ☐ Amendment canceling extra claims enclosed | | | | | | |
| | | Amendment deleting multiple dependencies enclosed | | | | | |
| | Fee for extra claims is not being paid at this time | | | | | · | |
| | | | | · | Filing f | ee Calculation | \$770.00 |
| 7. | Sma | II Entity Statemer | nt | | | | |
| | | - | | ling by a small entity | under 37 (| CFR 1.9 and 1.27 | |
| | _ | | | ntity filing fee reduction | | | |
| | | (| g | | , | | |
| 8. | Fee | Payment Being N | lade At This Tir | ne: | | | |
| | | osed: | | | | | |
| | | | | | | | |
| | \boxtimes | basic filing fee | | | | | \$770.00 |
| | \boxtimes | assignment reco | ordal fee | | | | \$_40.00 |
| | | for processing a | essing an application with a specification in a non-English language | | | language | \$ |
| | | | | | Total f | ees enclosed | \$810.00 |
| 9. | Meti | nod of Payment F | ees: | | | | |
| | □ check in the amount of \$810.00 enclosed. | | | | | | |
| _ | The Commissioner is hereby authorized to charge any DEFICIENCY in the filing fees for this application to | | | | | | es for this application to |
| our De | eposit / | Account No. 20-00 | 90. | | | • | |
| 10. | Inst | Instructions As to Overpayment: | | | | | |
| | \boxtimes | refund | | | | | |
| & TU 526 SI CLEVI Tel. No Fax No | MMIN UPERI ELANI o. (216 o. (216 | SUNDHEIM, CO IO L.L.P. IOR AVENUE – S D. OHIO 44114-14 B) 621-2234 B) 621-4072 D.: 26294 | uite 1111 | SIGNATURE OF Robert B. Sundhei Type or print name of a | m | um, EY, REG. NO. <u>20</u> | 0,127 |

Page 3 of 3 Express Mail Label ET035755687US